

## APPLICATION FORM

Please supply your PPSN as you cannot be registered without it

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Surname:

First Name(s): as on birth cert

Address:

Phone (incl. area code):  Date of Birth: Day  Month  Year

Phone (Mobile):  Email:

Nationality:  Do you have a Drivers Licence? Provisional  Full  None

Application for: Residential  Day  Place at **Ballyhaise Agricultural College, Ballyhaise, Co. Cavan**

Are you currently: In Full-Time Education; Yes  No  Employed; Yes  No  If unemployed, number of months \_\_\_\_\_

Number of Years in Second Level Education  Name of current/last school attended: \_\_\_\_\_

Last Type of School Attended: Secondary  Vocational  Community/Comprehensive  Other

Public Exams Completed/Being Completed: Leaving Cert  Junior Cert  No Qualifications

Have you a Level 6 Award or Higher: Yes  No

If Yes, specify Award achieved: \_\_\_\_\_

WHERE AN APPLICANT ALREADY HOLDS A LEVEL 6 AWARD OR HIGHER AN ADDITIONAL COURSE CHARGE OF €1,000 IS APPLIED.

**Learner Support:**

Teagasc is an equal opportunities organisation and welcomes applications from people with disabilities. Teagasc is committed to supporting students with disabilities within the learning environment. Disclosure of a disability will in no way prejudice your application but rather help us to plan and provide the necessary disability supports.

Do you have a:

Physical Disability: Yes  No

Mental Health Issue: Yes  No

Specific Learning Difficulty Yes  No

Other Yes  No

Name of Parent/Guardian:

I hereby apply to enrol in the above course. I undertake to abide by the rules of the programme if enrolled. \*I enclose:

Copy of Birth Certificate

Copy of Official Documentation Confirming my PPSN

Two Passport Photos

€10 Application Fee

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Return completed form and the documentation requested above\* to the  
 College Principal, Teagasc, Ballyhaise Agricultural College, Ballyhaise, Co. Cavan - Phone 049 4338108  
 Cheques must be made payable to "Teagasc" only (not Teagasc and the college name)*

**HOME FARM DETAILS**  
(To be completed where applicable)

**Size of Home Farm:**  Hectares

**Farm Enterprises:**

Dairying       Cattle       Sheep       Pigs       Crops   
Horses       Poultry       Deer       Commercial Horticulture

Other (Specify): \_\_\_\_\_

**Forestry:**

Type of Forest:    Commercial High Forest       Christmas Trees       Others

Area:  Hectares

Species planted (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more than one species, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age:      0-10 years       20-30 years       30-40 years       40-50 years       Other

If different age structures, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you work experience in forestry:      Yes       No

Type of experience gained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_